

**FREDERICK COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
SITE PLAN SUBMITTAL FORM**

NAME OF SITE PLAN _____

FILE NUMBER _____ **PROJECT NUMBER** _____

SURVEYOR _____

***HEALTH DEPARTMENT SUBMITTAL FEE**
(\$125 + \$25 per 10,000 square foot septic area)

REVISION _____

***FEE ENCLOSED** _____

IF THE SUBMITTAL IS A REVISION, IT IS NOT NECESSARY TO COMPLETE THE REST OF THE FORM

LETTER FROM DIVISION OF PERMITTING & DEVELOPMENT REVIEW

LOT OF RECORD _____ **TENANT HOUSE** _____

REMAINDER _____

LOWER 1/3 RESTRICTED SOIL ***YES** _____ **NO** _____

*** IF YES, IS 1/3 – 2/3 PLAN AND SUPPORTING INFORMATION ENCLOSED?**
(1/3 – 2/3 LINE MUST BE SHOWN ON A COPY OF THE PLAN)

*** YES** _____ **NO** _____

STAKEOUT LETTER ENCLOSED? **YES** _____ **NO** _____